



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PINNACLE HOSPITAL

City of Hospital: Crown Point

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Dave Black

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Medicare Provider Number: 150166

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$70310980
Outpatient Patient Service Revenue	\$38289127
Total Gross Patient Service Revenue	\$108600107

2. Deductions From Revenue

Contractual Allowance	\$74679317
Other Deductions	\$0
Total Deductions	\$74679317

3. Total Operating Revenue

Net Patient Service Revenue	\$34483591
Other Operating Revenue	\$1330464
Total Operating Revenue	\$35814055

4. Operating Expenses

Salaries and Wages	\$7801874	Employee Benefits	\$660776
Depreciation and Amortization	\$1489544	Interest Expense	\$1110836
Bad Debt	\$331343	Other Expenses	\$18248517
Total Operating Expenses	\$29642890		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$6171165	Total Assets	\$25200303
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$30249549

Total Net Gains	\$6171165
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19548019	\$15842692	\$3705327
Medicaid	\$1086001	\$999121	\$86880
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$87966087	\$57837702	\$30128385
Total	\$108600107	\$74679515	\$33920592

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$10142	\$0	
HCI Payments	\$0		
Subtotal	\$10142	\$0	\$10142
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$10142	\$0	\$10142
DSH Payments	\$0		
Subtotal	\$10142	\$0	\$10142
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$10142	\$0	\$10142

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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